



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

MICHIGAN EMS IC EXAM RESERVATION FORM

Name: _____

S.S. #: _____

Daytime phone: _____

Address: _____

Email: _____

Michigan EMS IC candidates **Mail or fax form to:**

Michigan Department of Community Health
EMS and Trauma Systems Section
201 Townsend Street
Lansing, Michigan 48913
Fax# 517/241-9458

Do not send anything to the National Registry office – this will only cause delays.

Program Sponsor: _____

Course Completion Date _____

Exam attempt:

_____ Initial

_____ Retest (date of initial test _____)

Confirmation will be sent when exam is confirmed

Exam date/time: (please list **3** choices)

EXAM DATES: www.michigan.gov/ems

1st choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

2nd choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

3rd choice (date): _____

☐ 9:00 AM ☐ 2:00 PM

Available Examination Dates:

August 16, 2011	February 21, 2012	August 21, 2012
September 21, 2011	March 13, 2012 -- a.m. exam only	September 18, 2012
October 18, 2011	April 18, 2012	October 16, 2012
November 15, 2011	May 15, 2012	November 20, 2012
December 20, 2011	June 19, 2012	December 18, 2012
January 17, 2012	July 17, 2012	

Exams will be held in Conference Room A, Capitol View Building, Michigan Department of Community Health, 201 Townsend Street, Lansing, Michigan 48913. Form must be received prior to the first day of the month of the exam date selected. You will receive confirmation of your assigned exam date. **Do not attend exam without confirmation letter.**

CAPITOL VIEW BUILDING • 201 TOWNSEND STREET • LANSING, MICHIGAN 48913
www.michigan.gov • 517-373-3740